

# CERTIFICATION OF VITAL RECORD

C-1-PB-17-000456

## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-16-084039

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH (Actual or Presumed) (mm-dd-yyyy)	
KYLE PATRICK WILLIAMS		JUNE 9, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE		48	UTICA, NY
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN
4417 VAIL DIVIDE			BEE CAVE
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TRAVIS	TEXAS	78738	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
ROGER WILLIAMS		SUSANNE ROTH	
13. PLACE OF DEATH (CHECK ONLY ONE)			
<input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.)	
TRAVIS		BEE CAVE, 78738	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
KENNETH WILLIAMS - BROTHER		1179 PANDORA ST. # B, AUSTIN, TX 78702	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		INGER OLIVO, BY ELECTRONIC SIGNATURE - 12403	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
FISH FAMILY CREMATION SERVICES		AUSTIN, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
WEED-CORLEY-FISH FUNERAL HOME - LAKEWAY		411 RANCH ROAD 620 SOUTH, LAKEWAY, TX 78734	
26. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
SANDRA L. FRELSEN, BY ELECTRONIC SIGNATURE		JUNE 12, 2016	P4758
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
SANDRA L. FRELSEN 4107 SPICEWOOD SPRINGS RD. SUITE 100, AUSTIN, TX 78759		MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.			Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			1 YEAR
a. SQUAMOUS CELL TONGUE CANCER METASTATIC TO LYMPH NODES			
Due to (or as a consequence of):			
b.			
Due to (or as a consequence of):			
c.			
Due to (or as a consequence of):			
d.			
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1			34. WAS AN AUTOPSY PERFORMED?
NONE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR	
0500207	JUNE 15, 2016	REGISTRAR - TRAVIS COUNTY - PREC 3, ELECTRONICALLY FILED	
EDR NUMBER 000001916381			

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WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193.1848)

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VS-112 REV 1/2006

LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUN 15 2016

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS  
STATE REGISTRAR

